State of Rhode Island
Department of Administration

INTER-OFFICE   MEMORANDUM

Office of Accounts and Control

TO: Chief Payroll Officers   **DATE:** January 21, 2003

FROM: Lawrence C. Franklin, Jr.
              State Controller

SUBJECT: **FORMS TO REQUEST W-2 DUPLICATES FOR 2002 / PRIOR YEARS**

Attached please find a W-2 request form to order duplicates for the year 2002. You can photocopy this form for your use. Please use plain **WHITE** paper.

We will not be accepting requests for duplicates via telephone.   Employees calling this office will be advised to contact their payroll office. You should forward W-2 request forms either by Fax (222-6437) or by interdepartmental mail to the Office Accounts and Control, ***Administrative Section***. You may also email Sandy Couto at SandraCo@gw.doa.state.ri.us or Helen Haworth at HelenH@gw.doa.state.ri.us. Also, we will not begin processing duplicate W-2's until February 17, 2003.

As a reminder, the following is an excerpt from a previous memo (CPO-02), available on our website, which will be especially relevant at this time of the year.

"In the past, individuals have called the Office of Accounts and Control to request a copy of their spouse's W-2 form. We are unable to determine if, in fact, this is a legitimate request. Therefore, from this point forward, we will inform the requestor to have his/her spouse call or visit their respective agency's payroll office. Your office should then prepare the proper request form to send to us. Since you will be verifying this particular request, we will then mail the W-2 to the address indicated or forward it to your office as directed."

"In addition, from this point forward, we will require written or faxed requests for W-2 duplicates from all inactive employees. Also, any individual who will be picking up a W-2 form from the Controller's Office will be asked to present a picture identification, such a driver's license, for proof of identification."

We believe this policy is in the best interest of the State, as well as the individual(s) requesting the information.

Please distribute this information to all interested parties.

/hhCPO:03-12
Attachment

STATE OF RHODE ISLAND
OFFICE OF ACCOUNTS AND CONTROL

REQUEST FOR DUPLICATE W-2

CALENDAR YEAR 2002

NAME: _____

MAILING ADDRESS: _____

MANDATORY --
DAYTIME PHONE NO. _____

TO BE MAILED TO EMPLOYEE ☐   **TO BE PICKED UP** ☐

☐   IF DUPLICATE IS TO BE SENT TO AGENCY/DEPARTMENT, PLEASE CHECK
      BOX AND FILL IN BELOW.

_____

(Fill in Agency/Department Name)

FOR CONTROLLER'S OFFICE USE ONLY

DATE REQUEST RECEIVED	INITIALS OF RECEIVER	DATE DUPLICATE W-2 MAILED	INITIALS OF SENDER

PLEASE FILL OUT ONE SHEET FOR EACH REQUEST.

___   ___

SOCIAL SECURITY NUMBER

STATE OF RHODE ISLAND
OFFICE OF ACCOUNTS AND CONTROL

REQUEST FOR PRIOR YEAR

DUPLICATE W-2 FORMS

CALENDAR YEAR

2001   2000   1999   1998   1997   1996

OTHER YEARS: _____

NAME OF EMPLOYEE:

_____

MAILING ADDRESS:

_____

_____

_____

DAYTIME TELEPHONE #: (   ) _____

FOR CONTROLLER'S OFFICE USE ONLY

DATE REQUEST RECEIVED	INITIALS OF RECEIVER	DATE DUPLICATE W-2 MAILED	INITIALS OF SENDER